FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR FORM LIMITED OFFERING EXEMPTION

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07087283	UNIFORM LIMITED OFFERING	EXEMPTION	
Name of Offering (check if t Series B Preferred Units	his is an amendment and name has changed, and indicate ch	ange.)	
Filing Under (Check box(es) that a Type of Filing: New Filing	pply): Rule 504 Rule 505 Rule 506 So	ection 4(6) ULOE	RECEIVED
	A. BASIC IDENTIFICATION DAT	TA \	UEC 9 , VO
I. Enter the information requeste	d about the issuer		A 400/ 5
Name of Issuer (check if this GPS Company LLC	is an amendment and name has changed, and indicate chang	(e.)	186 EEGIDH
Address of Executive Offices 201 S. Orange Ave, Ste.425 C	(Number and Street, City, State, 7. Orlando, FL 32801	ip Code) Telephon (321) 921-	e Number Ancluding Area Code) 2800
Address of Principal Business Oper (if different from Executive Offices		Zip Cade) Telepha	ne Number (Including Area Code)
Brief Description of Business		<u></u>	
Plastic pallet pool business			
Type of Business Organization corporation business trust	☐ limited partnership, already formed ☐ limited partnership, to be formed	other (please specify imited liability company	PROCESSE
Actual or Estimated Date of Incorp Jurisdiction of Incorporation or Org	Month Year oration or Organization: 03 06 ✓ Actual anization: (Enter two-letter U.S. Postal Service abbreviation) CN for Canada; FN for other foreign jurisdicti	on for State:	JAN 0 8 2008 THOMSON

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

– ATTENTION -	-	A	T	T	E	Ν	T	H	J	N	•
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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filling of a federal notice.

		A. BASIC IDE	NTIF	ICATION DATA				
2. Enter the information requeste	d for the followin	g:		<u> </u>				·
 Each promoter of the issu 	ier, if the issuer h	as been organized wi	ithin tl	he past five years;				
 Each beneficial owner have 	ving the power to v	rote or dispose, or dire	ect the	vote or disposition (of, 10	% or more o	f a clas	is of equity securities of the issuer.
 Each executive officer an 	d director of corp	orate issuers and of o	corpor	ate general and man	aging	partners of	partne	ership issuers; and
 Each general and managi 	ng partner of part	nership issuers.						
Check Box(es) that Apply:	Promoter 🕝	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if indiv Pegasus IGPS LLC	idual)							
Business or Residence Address (? 99 River Road, Cos Cob, CT 0		, City, State, Zip Co-	de)					
Check Box(es) that Apply:	Promoter 🗹	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if indiv IGPS Co-Investment LLC	idual)							
Business or Residence Address (N 99 River Road, Cos Cob, CT 06		, City, State, Zip Co	dc)					
Check Box(es) that Apply:	Promoter 🗸	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if indiv Kelso Investment Associates V								
Business or Residence Address (N	lumber and Street	, City, State, Zip Co	de)	<u>-</u>	,		-	
320 Park Avenue, New York, N	Y 10022							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if indiv	idual)							
Moore, Bobby L.								
Business or Residence Address (N 201 S. Orange Ave, Ste. 425,		, City, State, Zip Co. 301	de)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if indiv Lowe, Rex	idual)				•		•	
Business or Residence Address (N 201 S. Orange Ave., Ste. 425,			de)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if indiv Weinberg, Richard	idual)							
Business or Residence Address (N 505 Park Avenue, New York, N		, City, State, Zip Coo	de)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if indiv Cunningham, David	idual)							<u> </u>
Business or Residence Address (N	lumber and Street	, City, State, Zip Coo	ic)					
505 Park Avenue, New York, N	Y 10022							

				A. BASIC IDE	NTI	FICATION DATA				
2.	Enter the information re	equested for the fo	llowin	ig:						
	Each promoter of	the issuer, if the is:	suer h	as been organized w	ithin	the past five years;				
	• Each beneficial ow	ner having the pow	er to	vote or dispose, or dir	ect th	e vote or disposition	of, 10	% or more o	faclas	s of equity securities of the issuer.
	 Each executive off 	ficer and director o	f corp	orate issuers and of	corpo	rate general and man	aging	partners of	partno	ership issuers; and
	Each general and r	nanaging partner o	f part	nership issuers.						
Check	k Box(cs) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full N	Vame (Last name first, i	(f individual)								
	s Taffer									
	ess or Residence Addre Park Avenue, New Y		Stree	t, City, State, Zip Co	de)					
Check	k Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
	Name (Last name first, i g Gish	f individual)		The second secon						
	ess or Residence Addre Park Avenue, New Yo		Stree	t, City, State, Zip Co	de)					
Check	Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Pastner
	lame (Last name first, i y Tamminmen	f individual)					•			
Busin	ess or Residence Addre	ss (Number and	Street	t, City, State, Zip Co	de)					
505 F	Park Avenue, New Y	ork, NY 10022								
Check	Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full N	lame (Last name first, i	f individual)								
David	d House									
	ess or Residence Addre Park Avenue, New		Street	t, City, State, Zip Co	de)					
Check	Box(es) that Apply:	Promoter	0	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
	Name (Last name first, i s Collins	f individual)								
	ess or Residence Addre Park Avenue, New Y		Street	t, City, State, Zip Co	de)				·	
Check	Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	lame (Last name first, i ip Berney	f individual)						· · · · · · · · · · · · · · · · · · ·		
	ess or Residence Addre Park Avenue, New Y		Street	t, City, State, Zip Co	de)	· · · · · ·			-	
Check	Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full N	lame (l.ast name first, i	f individual)								
Busin	ess or Residence Addre	ss (Number and	Street	, City, State, Zip Co	dc)					

			•		B. I	NFORMAT	ION ABOL	T OFFERI	NG				
1.	Has the	issuer sol	d, or does t	he issuer i	ntend to se	II, to non-a	ccredited i	nvestors in	n this offer	ing?		Yes	No x
				Ans	wer also it	Appendix	, Column 2	2, if filing	under ULC	E.		_	
2.	What is	s the minin	num investr	nent that v	vill be acce	pted from	any individ	lua!?				s_10	,000.00
3.	Does th	ne offering	permit join	t ownershi	in of a sing	ele unit?						Yes ⊠	No □
4,			tion reques										
	commis If a pers or state	ssion or sim son to be lis s, list the n	illar remune sted is an as: ame of the b , you may s	ration for s sociated pe roker or d	solicitation erson or age ealer. If me	of purchas ent of a brol ore than (iv	ers in conn ker or deale e (5) persor	ection with or registered ns to be list	sales of se d with the S led are asso	curities in t SEC and/or	he offering with a state	:	
Ful	l Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	(ip Code)						
Na	me of As	sociated B	roker or De	aler									
Sta	tes in Wi	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individua	l States)		•••••					<u> </u>	1 States
	AL	AK	AZ	AR	CA	CO	(CT)	DE	(DC)	FL	GA	HI	[D]
	IL	[N]	[A]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	ИI	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)					-	
Na	me of As	sociated B	roker or De	aler				<u> </u>			·		
Sta	tes in Wi	hich Persor	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
	(Cheek	"All State	s" or check	individual	States)						,	Ai	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	H	ID
		ואו	IA	KS	ΚŸ	LA	ME	MD	MA	MI	MN	MS	MO
	[MT]	[NE]	[NV]	TN	[NJ]	(NM) (UT)	ÑŸ VT	NC VA	WA	OH WV	OK!	OR J	[PA]
Ful		TT T	first, if indi										
_				_									
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nai	ne of As	sociated B	oker or De	alcr									
Sta	tes in Wi	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)			***************************************	*****	*		☐ AI	l States
e	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[D]
	IL	IN	[A]	KS	KY	LA	ME	MD	MA	MI	MN	MS]	MO
	MT RI	NE SC	NV SD	ПН ТN	NI)	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		S
	Equity	225,000,000.0	Cs_75,000,000.00
	☐ Common ☑ Preferred		
	Convertible Securities (including warrants)	s	\$
	Partnership Interests	<u> </u>	\$
	Other (Specify)	s	S
	Total	<u>s_225,000,000.0</u>	75,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases § 75,000,000.00
	Accredited Investors		
	Non-accredited Investors		s
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount Sold
	Type of Offering	Security	
	Rule 505		s
	Regulation A		\$
	Rule 504		\$ \$ 0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$_0.00
	Legal Fees		\$_200,000.00
	Accounting Fees		\$ 50,000.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)		\$_0.00
	Other Expenses (identify)		s_0.00
	The second secon		s 250,000.00

	C. OFFERING PRICE, NUMBE	CR OF INVESTORS, EXPENSES	AND USE OF PROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Q proceeds to the issuer."	uestion 4.a. This difference is the	: "adjusted gross	\$
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish a ne payments listed must equal the	an estimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	***************************************	S	_ 🗆 \$
	Purchase of real estate	***************************************	s	_ 🗆 \$
	Purchase, rental or leasing and installation of machi		\$	[] \$
	Construction or leasing of plant buildings and facili	ties	<u>\$</u>	_ 🗆 \$
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another		
	Repayment of indebtedness			
	Working capital			_ S 224,750,000
	Other (specify):			_ 🗆 \$
				_ 🗆 \$
	Column Totals		<u>\$ 0.00</u>	\$ <u>224,750,000</u>
	Total Payments Listed (column totals added)		2 s_'	224,750,000.00
_		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnitinformation furnished by the issuer to any non-accre	sh to the U.S. Securities and Ex	change Commission, upon writ	tule 505, the following ten request of its staff,
SS	uer (Print or Type)	Signature	Date	
G	PS Company LLC	- 11 -		
la:	me of Signer (Print or Type)	Title of Signer (Print or Type)		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

-	E. STATE SIGNATURE			
1.	. Is any party described in 17 CFR 230.262 presently subject to any of the disq provisions of such rule?	ualification	Yes	No E
	See Appendix, Column 5, for state re	sponse.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator on D (17 CFR 239.500) at such times as required by state law.	fany state in which this notice is fil	ed a no	tice on Form
3.	 The undersigned issuer hereby undertakes to furnish to the state administrator issuer to offerees. 	s, upon written request, informati	on furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the condition limited Offering Exemption (ULOE) of the state in which this notice is filed are of this exemption has the burden of establishing that these conditions have be	id understands that the issuer clain	tled to ning the	the Uniform availability
The issu	ssuer has read this notification and knows the contents to be true and has duly caused	this notice to be signed on its behal	f by the	undersigned
	authorized person.			
ssucr (r (Print or Type) Signature	Date		-
GPS C	Company LLC			
Name (e (Print or Type) Title (Print or Type)			

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

<u></u>	APPENDIX													
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)			5 Disqualif under State (if yes, a explanat waiver g (Part E-li								
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No					
AL								ļ · · · · ·	ļ					
AK								1						
AZ								f						
AR		1	<u>-</u> -											
CA								;	7 17					
со		}						,	1					
СТ									!					
DE														
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ME														
MD								1						
MA														
MI		1			<u> </u>			•	! !					
MN								1						
MS														

APPENDIX 1 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price to non-accredited Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited No Amount State Yes Investors Amount Investors Yes No MO MT NE NV NH NJ NM X 75,000,000 2 NY \$75,000,00 NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA wv WI

			-	APP	ENDIX					
1		2 3 4 Type of security								
	to non-a	d to sell accredited rs in State B-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY					ļ			·		
PR		y Martine control and a facility of the Australian Control and Australian Control			:				name . New re-	

AKIN GUMP STRAUSS HAUER & FELDLLP

Attorneys at Law

ERICA MCGRADY JOHNSON 2028874327/fax: 2028874288 ejohnson@akingump.com

December 20, 2007

VIA OVERNIGHT MAIL

U.S. Securities and Exchange Commission 100 F Street, N.E. Washington, D.C. 20549

Re: IGPS CompanyLLC

Dear Sir or Madam:

On behalf of IGPS Company LLC, we enclose one (1) signed and four (4) conformed copies of the Notice of Sale of Securities on Form D.

Please contact the undersigned should you have any questions or require additional information or documents.

Sincerely,

Erica McGrady Johnson

Enclosures

